

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014759

FILED VS MAY 2 1960

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION CRT		Length of stay in 1b 5 years		c. CITY OR TOWN BEAUFORT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HWY 50			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. # 1			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEO Middle P. Last DI PIETRO				4. DATE OF DEATH Month APRIL Day 22 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH OCT. 11, 1939	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months 6 Days 11	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY POSTAL CLERK	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PAT. DI PIETRO			13b. MOTHER'S MAIDEN NAME MARGARET REESER		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT PAT DI PIETRO		Address BEAUFORT, MO. R.R. # 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of skull,</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>multiple lacerations and</i>					
		DUE TO (c) <i>abrasion</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Subject returned auto</i>					
20c. TIME OF INJURY 4:30	Hour 4:30 p.m.	Month, Day, Year 4/22/60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>One mile west Union</i>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION Union		20f. COUNTY Franklin Mo		20f. STATE MO		
21. I attended the deceased from _____ to _____ and last saw her alive on _____				Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. J. Stumbeck MD</i>			(Degree or title)	22b. ADDRESS <i>Cosmo Union Mo</i>			22c. DATE SIGNED 4/22/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-26-1960	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MO.			
24. FUNERAL DIRECTOR John H. Gebken Sons		ADDRESS 2630 Gravois Av. St. Louis 18, Mo	25. DATE RECD. BY LOCAL REG. 4/25/60	26. REGISTRAR'S SIGNATURE <i>W. J. Stumbeck MD</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 5, 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. San Jr.

Licensed Embalmer No. 4800

P. O. Address Richard St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.